



DEPARTMENT OF THE NAVY

NAVY RECRUITING COMMAND

5722 INTEGRITY DR.

MILLINGTON, TN 38054-5057

Canc frp: Oct 04

COMNAVCRUITCOMNOTE 5510

N35

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COMNAVCRUITCOM NOTICE 5510

From: Commander, Navy Recruiting Command

Subj: SUBMISSIONS OF BACKGROUND INVESTIGATIONS FOR OFFICER AND
ENLISTED ACCESSIONS

Ref: (a) COMNAVCRUITCOMINST 1130.8F
(b) COMNAVCRUITCOMINST 1131.2B

Encl: (1) Sample Agency Use Form for Non-Nuclear Field (NF)
Enlisted and Officers Requiring a NACLC
(2) Sample Agency Use Form for SUB-N, SWO-N,
Crypto, and Intelligence Officers
(3) Sample Agency Use Form for NF Enlisted
(4) Sample National Agency Check Security Information
Form (NACSI)
(5) Sample DD Form 1879 for SUB-N, SWO-N, Crypto, and
Intelligence
(6) Joint Clearance Access Verification System (JCAVS)
Access Request Form

1. Purpose. To provide revised policy and guidance for the submission of Navy accession background investigations to the Office of Personnel Management (OPM), Federal Investigations Personnel Center (FIPC). This notice supercedes reference (a) section 5B-15 and reference (b) section 8-E.121.

2. Background. On 1 October 2003, the Office of Personnel Management (OPM) assumed responsibility for conducting all Navy Personnel Security Investigations (PSI). All applicants for enlistment or appointment, including foreign nationals, now require, as a minimum, a National Agency Check/Local Check (NACLC). Effective 1 October 2003, all Navy Recruiting Command PSI submissions shall be sent hard copy to OPM. The PSI is comprised of three parts, an Electronic Personnel Security Questionnaire (EPSQ), an Agency Use Information Form (enclosures (1), (2), or (3)), and either a NACSI or a DD Form 1879 generated by the EPSQ program (enclosures (4) and (5)). Currently OPM requires hard copy security questionnaire

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documentation pending an anticipated adoption of a new comprehensive electronic system next year.

3. Action. Procedures for completion of PSIs are as follows. NAVCRUITDISTs will ensure their personnel are using the most recent version of the EPSQ program, which can be downloaded from www.dss.mil/epsq. All Navy Recruiting Command users must have at least version 2.2, Security Officer Edition.

4. For Enlisted Applicants:

a. The EPSQ accompanies *Record of Military Processing* (DD Form 1966) for all applicants enlisting or reenlisting in the Navy. The EPSQ is an important document and must be completed without misstatements or omissions. All entries are subject to verification.

b. Responsibility

(1) Recruiters are responsible for ensuring the completeness and accuracy of the User's Portion of the EPSQ. Recruiters will complete and send the EPSQ to the Navy Liaison Team (NLT) at their respective Military Entrance Processing Station (MEPS) in accordance with guidelines published in the EPSQ Subject Instruction Guide at the DSS web site.

(2) The EPSQ Security Officer (generally the MEPS Liaison Petty Officer (MILPO)) is responsible for ensuring:

(a) The completeness and accuracy of both the User's portion and the Security Officer's section of the EPSQ.

(b) A signed paper copy of the investigation request is included in both the residual and service record.

(c) A disk copy of the EPSQ is included in the service record for CT, EW, and IS ratings to assist Recruit Training Command (RTC) in the preparation of their request for a Single Scope Background Investigation (SSBI).

(3) The NLT is responsible for completing and validating the applicant's EPSQ in accordance with the EPSQ Security Officer Instruction Guide. They will ensure that:

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(a) All historical information (Residence, Education, and Employment) is dated back seven years, but no earlier than the applicants 16th birthday.

(b) All applicant signatures are dated within 120 days of the date the EPSQ is sent to OPM (this is especially important on resubmissions).

(4) The Nuclear Field (NF) Coordinator is responsible for ensuring proper submission of PSIs for all enlisted NF applicants. The NLT should work closely with the NF Coordinator to ensure accuracy and proper submission of the PSI.

c. The following instructions are provided to assist in the submission of EPSQs.

(1) Refer to the EPSQ users manual for procedures on completing the EPSQ. If any problems are encountered, a list of Frequently Asked Questions can be found at <http://www.dss.mil/epsq/epsqfaq/index.htm>. Additional copies of the users manual can be downloaded from the DSS website.

(2) The type of investigation must be "NACLC" for all applicants.

(3) When requesting a NACLC, the EPSQ program will generate a National Agency Check Security Information (NACSI) Form (enclosure (4)). The NACSI must be completed per the example in enclosure (4). This will be checked when the validation program is run. It is important to ensure that the reason for request is "Secret" and "Enlistment".

(4) Personnel processed through the Military Entrance Processing Command (MEPCOM) will have their fingerprints submitted electronically via Livescan to OPM. Personnel who are not processed through MEPCOM should have their fingerprints mailed to OPM together with their PSI.

(5) The applicant must sign and date both waivers generated by the EPSQ as well as the Agency Use Information Form.

(6) The PSI cannot be submitted prior to receipt of the member's USMEPCOM Drug/Alcohol Test (DAT) results. The Navy Liaison Office must contact the MEPS to resolve DAT issues that prevent submission of EPSQ's within ten days of the members DEP

enlistment date. EPSQ's must be submitted within 30 days of receipt of DAT results.

d. To begin the investigation, the EPSQ, NACSI, and Agency Use Information form must be filled out and mailed to OPM.

(1) For NF applicants, use enclosure (3) as a template for the Agency Use Information Form.

(2) For all other enlisted applicants, use enclosure (1) as a template for the Agency Use Information Form.

e. Once the PSI is complete and all quality checks have been done, mail the PSI to OPM in accordance with paragraph 6.

(1) Shipping of DEP members without prior submission and acceptance of a PSI request is prohibited.

5. For Officer Applicants:

a. All candidates for commissioning require as a minimum, a NACLC.

(1) A copy of the signed and validated user form will be forwarded to COMNAVCRUITCOM as part of the application kit. If the applicant is professionally recommended, the NAVCRUITDIST must initiate the NACLC and make the appropriate PORT update.

(2) When requesting a NACLC, the EPSQ will generate a National Agency Check Security Information (NACSI) Form, enclosure (4). The NACSI must be completed per the example in enclosure (4).

(3) **To begin the investigation, the EPSQ, NACSI, and Agency Use Information form (enclosure (1)) must be filled out and mailed to OPM.**

b. A SSBI is required for all SWO-N, SUB-N, Intel, and Crypto applicants.

(1) A copy of the signed and validated user form will be forwarded to COMNAVCRUITCOM as part of the application kit. If the applicant is professionally recommended, the NAVCRUITDIST will initiate the SSBI and make the appropriate PORT update.

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(2) When requesting a SSBI, the ESPQ will generate a DD Form 1879. This must be completed per the example in enclosure (5).

(3) To begin the investigation, the EPSQ, DD Form 1879, and Agency Use Information form (enclosure (2)) must be filled out and mailed to OPM.

c. The Officer Recruiter and Officer Processor are responsible for ensuring:

(1) The completeness and accuracy of both the User's portion and the Security Officer's Section of the EPSQ.

(2) A signed paper copy of the investigation request is included in both the residual and service record.

(3) The Officer Processor is responsible for completing and validating an applicant's EPSQ in accordance with the EPSQ Security Officer Instruction Guide and ensuring:

(a) All historical information (Residence, Education, and Employment) is dated back seven years, but no earlier than the applicant's 16th birthday.

(b) All applicant signatures are dated within 120 days of the date the EPSQ is sent to OPM (this is especially important on resubmissions).

d. Once the PSI is complete and all quality checks have been done, mail the PSI to OPM in accordance with paragraph 6.

e. Completion of the PSI for NACLC is required prior to commissioning. For OCS candidates, the NAVCRUITDIST must verify the PSI has been submitted to and accepted by OPM prior to shipping the candidate to OCS. **For OIS applicants, the NAVCRUITDIST must verify the NACLC has been completed prior to commissioning the member.**

f. Exceptions may be made to this general rule to allow the commissioning of Navy Reserve health professionals, chaplains and attorneys before completion of the NACLC, if the NACLC has been submitted and accepted by OPM and the applicant has acknowledged in writing that, if the NACLC develops information that disqualifies the applicant as an officer candidate, they will be subject to discharge. A NAVCRUITDIST Commanding Officer

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has the authority to exercise this exception once the NAVCRUITDIST verifies the above requirements are met.

6. NAVCRUITDISTs will designate an individual to ensure quality control of documentation prior to mailing (i.e. EPDS/OPL/NF Coordinator) and ensure submissions are carefully tracked. Once completed, printed, and signed, the PSI (EPSQ, Agency Use Information form (enclosure (1), (2), or (3)), and

either a NACSI or a DD Form 1879 generated by the EPSQ program (enclosures (4) or (5))), together with the fingerprint card (for officers and enlisted applicants whose fingerprints were not submitted using Livescan), will be mailed to OPM using the following address:

a. **For U. S. Postal Service**

U. S. Office of Personnel Management
Federal Investigations Processing Center
ATTN: NAVY ACCESSIONS
P. O. Box 618
Boyers, PA 16018-0618

b. **For All Other Mail Services**

U. S. Office of Personnel Management
Federal Investigations Processing Center
ATTN: NAVY ACCESSIONS
1137 Branchton Road
Boyers, PA 16018-0618

Note: Livescan Fingerprint submissions at the MEPS will be matched at OPM when the hard copy forms are received.

7. No later than 15 days after submission, NAVCRUITDIST's will follow up to ensure the PSI was accepted by OPM. NAVCRUITDIST's can either call OPM Customer Service at 1-724-794-5228 (if calling you will need your Submitting Office Number (SON) and the applicants name, SSN, state of birth, and date of birth) or use the Joint Personnel Adjudication System (JPAS).

a. To gain access to JPAS your Security Manager will have to fill out the user information at the top of enclosure (6), sign the "User Signature and Date" line, and fax it to the COMNAVCRUITCOM Security Manager, LT Flores, at 901-874-9335. Once your Security Manager has access to JPAS, they can provide access to other individuals at the NAVCRUITDIST. Any person

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attempting to gain access to JPAS must be eligible for a SECRET clearance based on an investigation completed within the last ten years.

b. NAVCRUITDISTs must work with OPM to resolve any issues in EPSQ submission. If after 45 days the NAVCRUITDISTs have not been able to verify PSI receipt, NAVCRUITDISTs must contact N35 for assistance at 901-874-9299/9316 (N35 will coordinate with NAVCRUITDIST, OPM and DONCAF to resolve the submission problem and in the case a recruit is shipped, N35 will coordinate with the Recruiter Quality Assurance Team (RQAT) at RTC for further follow up.

8. If a PSI has been requested and is no longer required due to DEP attrition, fail to final select, collegiate drop out, etc., then the NAVCRUITDIST is responsible for canceling the PSI by contacting OPM at 1-724-794-5228.

9. Points of contact for questions or clarification pertaining to this notice are LCDR Barber ((901) 874-9316/DSN 882-9316, Mr. T. J. Talley (901) 874-9483/DSN 882-9483 for Enlisted Policy, or Mrs. Judy Birmingham (901) 874-9210/DSN 882-9210 for Officer Policy.

/s/

P. E. DONAHUE

Deputy

Distribution:

COMNAVCRUITCOMINST 5216.2U

IA, D, E, and F

II (A through D)

IIIA and B

Sample Agency Use Form for Non-Nuclear Field (NF)
Enlisted and Officers requiring a NACLC

1. This is a template for the Agency use form for all Officers requiring a NACLC and all non-nuclear Enlisted personnel.
2. Blocks J, P, Subject of Investigation, Education Information (Parts not shown on EPSQ), and all dates must be filled out by the NAVCRUITDIST. Filling in all blocks is not required.
3. Instructions for completion of the Agency Use Information Form can also be found at:
<http://www.opm.gov/extra/investigate/dodsf86.pdf>.

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This form is to be attached to each Electronic Personnel Security Questionnaire (EPSQ) submitted to OPM for investigation. Note: The EPSQ is for internal DOD use only, and is pending OMB approval.

Agency Use Information (SF-86)

A Type of Investigation	08B	B Extra Coverage		C Sensitivity Level	2	D Access	2	E Nature of Action Code		F Date of Action	Month Day Year
G Geographic Location		H Position Code		I Position Title	NAVY ACCESSION						
J SON		K Location of Official Personnel Folder	<input checked="" type="checkbox"/> None	Other Address						Zip Code	
			<input type="checkbox"/> NPRC								
			<input type="checkbox"/> At SON								
L SOI	NV00	M Location of Official Personnel Folder	<input checked="" type="checkbox"/> None	Other Address						Zip Code	
			<input type="checkbox"/> At SOI								
			<input type="checkbox"/> NPI								
N OPAC-ALC Number	DOD-NAVY		O Accounting Data and/or Agency Case Number								
P Requesting Official	Name and Title				Signature			Telephone Number		Date:	

The following information is requested as part of your EPSQ for an investigative request being sent to OPM. This information will be used to obtain records in order to determine your suitability for employment. Please sign and date this sheet certifying the accuracy of the information you provided.

Subject of Investigation (Identifying Information)

FULL NAME			
* If you have only initials in your name, use them and state (IO)		* If you are a "JR", "SR", "II", etc., enter this in the box after your middle name	
* If you have no middle name, enter "NMN"			
Last Name	First Name	Middle Name	Jr., II, etc.
Maiden Name Used			
List your maiden name and the "To and From" dates of when it was used.			
Maiden Name		Month/Year	Month/Year
		To	

Education Degree(s) (Not shown on the EPSQ)

OPM verifies highest degree obtained and degrees pertinent to the position for which this investigation is conducted. Please list education information for those degrees beyond the 7 year period, not listed on your EPSQ. Use the number "2" in the Code block which represents College/University/Military College.

Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year of Award
#1 TO				
Street Address and City (County) of School			State	Zip Code
Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year of Award
#2 TO				
Street Address and City (County) of School			State	Zip Code

Appointee/Applicant Signature: _____ Date: _____

RTC Report Date: _____ Recruiter Name/Phone (Print): _____

**Sample Agency Use Form for SUB-N, SWO-N,
Crypto, and Intelligence Officers**

1. This is a template for the Agency Use Information Form for Surface Nuclear, Submarine Nuclear, Cytological, and Intelligence community Officers requiring an SSBI.
2. Blocks J, P, Subject of Investigation, Education Information (Parts not shown on EPSQ), and all dates must be filled out by the NAVCRUITDIST. Filling in all blocks is not required.
3. In block I put the program (Cryptography, Intelligence, or Nuclear) "OFFICER NAVY ACCESSIONS".
4. Instructions for completion of the Agency Use Information Form can also be found at: <http://www.opm.gov/extra/investigate/dodsf86.pdf>

RTC Report Date: _____

Recruiter Name/Phone (Print): _____

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This form is to be attached to each Electronic Personnel Security Questionnaire (EPSQ) submitted to OPM for investigation. Note: The EPSQ is for internal DOD use only, and is pending OMB approval.

Agency Use Information (SF-86)

A Type of Investigation	30B	B Extra Coverage	3	C Sensitivity Level	4	D Access	4	E Nature of Action Code		F Date of Action	Month Day Year
G Geographic Location		H Position Code		I Position Title	(CRYPTOGRAPHY, INTELLIGENCE, or NUCLEAR) OFFICER NAVY ACCESSION						
J SON		K Location of Official Personnel Folder	<input checked="" type="checkbox"/>	None	Other Address					Zip Code	
				NPRC							
				At SON							
L SOI	NV00	M Location of Official Personnel Folder	<input checked="" type="checkbox"/>	None	Other Address					Zip Code	
				At SOI							
				NPI							
N OPAC-ALC Number	DOD-NAVY		O Accounting Data and/or Agency Case Number								
P Requesting Official	Name and Title				Signature			Telephone Number		Date:	

The following information is requested as part of your EPSQ for an investigative request being sent to OPM. This information will be used to obtain records in order to determine your suitability for employment. Please sign and date this sheet certifying the accuracy of the information you provided.

Subject of Investigation (Identifying Information)

FULL NAME			
* If you have only initials in your name, use them and state (IO)		* If you are a "JR", "SR", "II", etc., enter this in the box after your middle name	
* If you have no middle name, enter "NMN"			
Last Name	First Name	Middle Name	Jr., II, etc.
Maiden Name Used			
List your maiden name and the "To and From" dates of when it was used.			
Maiden Name		Month/Year	Month/Year
		To	

Education Degree(s) (Not shown on the EPSQ)

OPM verifies highest degree obtained and degrees pertinent to the position for which this investigation is conducted. Please list education information for those degrees beyond the 7 year period, not listed on your EPSQ. Use the number "2" in the Code block which represents College/University/Military College.

Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year of Award
#1 TO				
Street Address and City (County) of School			State	Zip Code
Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year of Award
#2 TO				
Street Address and City (County) of School			State	Zip Code

Appointee/Applicant Signature: _____

Date: _____

Sample Agency Use Form for NF Enlisted

1. This is a template for the Agency use form for nuclear enlisted personnel. The only difference between this and enclosure (1) is block O.
2. Blocks J, P, Subject of Investigation, Education Information (Parts not shown on EPSQ), and all dates must be filled out by the NRD. Filling in all blocks is not required.
3. Instructions for completion of the Agency Use Information Form can also be found at: <http://www.opm.gov/extra/investigate/dodsf86.pdf>.

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This form is to be attached to each Electronic Personnel Security Questionnaire (EPSQ) submitted to OPM for investigation. Note:
The EPSQ is for internal DOD use only, and is pending OMB approval.

Agency Use Information (SF-86)

A Type of Investigation	08B	B Extra Coverage	3	C Sensitivity Level	2	D Access	2	E Nature of Action Code		F Date of Action	Month Day Year
G Geographic Location		H Position Code		I Position Title	NAVY ACCESSION						
J SON		K Location of Official Personnel Folder	<input checked="" type="checkbox"/> None	Other Address						Zip Code	
			<input type="checkbox"/> NPRC								
			<input type="checkbox"/> At SON								
L SOI	NV00	M Location of Official Personnel Folder	<input checked="" type="checkbox"/> None	Other Address						Zip Code	
			<input type="checkbox"/> At SOI								
			<input type="checkbox"/> NPI								
N OPAC-ALC Number	DOD-NAVY	O Accounting Data and/or Agency Case Number	NUKE STUDENT								
P Requesting Official	Name and Title			Signature			Telephone Number		Date:		

The following information is requested as part of your EPSQ for an investigative request being sent to OPM. This information will be used to obtain records in order to determine your suitability for employment. Please sign and date this sheet certifying the accuracy of the information you provided.

Subject of Investigation (Identifying Information)

FULL NAME			
* If you have only initials in your name, use them and state (IO)		* If you are a "JR", "SR", "II", etc., enter this in the box after your middle name	
* If you have no middle name, enter "NMN"			
Last Name	First Name	Middle Name	Jr., II, etc.
Maiden Name Used			
List your maiden name and the "To and From" dates of when it was used.			
Maiden Name		Month/Year	Month/Year
		To	

Education Degree(s) (Not shown on the EPSQ)

OPM verifies highest degree obtained and degrees pertinent to the position for which this investigation is conducted. Please list education information for those degrees beyond the 7 year period, not listed on your EPSQ. Use the number "2" in the Code block which represents College/University/Military College.

Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year of Award
#1 TO				
Street Address and City (County) of School			State	Zip Code
Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year of Award
#2 TO				
Street Address and City (County) of School			State	Zip Code

Appointee/Applicant Signature: _____ Date: _____

RTC Report Date: _____ Recruiter Name/Phone (Print): _____

Sample National Agency Check Security Information Form. Blocks 1, 2 and 6 are critical.

National Agency Check Security Information
Date: 2003/03/27
JONES
JOHN, P
Page: 1

EPSQ Version 2.2
Time: 17:38:04
SSN: 123-45-6789

1. Addresses

U.S. Office of Personnel Management
Federal Investigations Processing Center
ATTN: Navy Accessions
P.O. Box 618
Boyers, PA 16018-0618

RETURN RESULTS TO:
Department of the Navy Central Adjudication Facility
716 Sicard Street, S.E., Suite 2000
Washington Navy Yard, D.C. 20388-5389

Requester (N)
Organization Code/Type Put NRD UIC Here

FROM:
NAVY RECRUITING COMMAND
5722 INTEGRITY DRIVE
MILLINGTON, TN 38054 (Note: Your address should go here)

2. Type of Investigation
NACLC - Military (8)

3. Local Files Check
YES Were the results of local files check favorable?

4. Current Status
What is the subject's current status? Military
Is the subject an applicant? Yes
Branch/Grade Navy/Seaman Recruit (E1)
Status ACTIVE

5. Citizenship Verified
YES Was the subject's U.S. citizenship verified?

6. Reason for Request
Enlistment or Commissioning
Secret

7. Investigation Validity Certification
I certify that the information provided on this form is true to
the best of my knowledge and that the above named individual has

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the need for the indicated clearance to perform assigned duties.

Name of Certifier CERTIFIER

I, AM

Title of Certifier MILITARY PROCESSING TECHNICIAN

Certifier's Phone 901-555-9280

JONES

NAQ SSN: 123-45-6789

JOHN, P

Page: 2

7. Investigation Validity Certification (Continued)

Certifier's Signature

Date

8. General Remarks

YES Do you have any remarks relating to this subject's form?

Remarks: Navy Accession

Sample DD Form 1879 for NUPOC 1165/1175 (Intel, Crypto - change blocks 8 and 10 accordingly. Blocks 1 -4 are critical.)

Department of Defense	FOR OFFICIAL USE ONLY	EPSQ Version 2.2
Request for Personnel Security Investigation		O.M.B. No. 0704-0384
DD Form 1879		Expires: August 31, 2002
Date: 2003/03/27		Time: 17:27:28

Name APPLICANT
NUPOC, EXTRAODINARE

SSN 123-45-6789

DOB: 1982/06/08 Sex: Male
POB: ANN ARBOR, MI

Other Names Used NONE

1. Requester File No:
Code/Type: 62431/UIC

Request Date: / /

Do you require advance notice of NAC results? NO

From:

NAVY RECRUITING COMMAND
5722 INTEGRITY DRIVE
MILLINGTON, TN 38054

SCI Adjudicating Agency Address:

Forward Request To:
U.S. Office of Personnel Management
Federal Investigations Processing Center
ATTN: Navy Accessions
P.O. Box 618
Boyers, PA 16018-0618

Return Results to:
Department of the Navy Central Adjudication Facility
716 Sicard Street, S.E., Suite 2000
Washington Navy Yard, D.C. 20388-5389

Thru:

(LEAVE BLANK) (DO NOT ACTUALLY PUT "LEAVE BLANK" HERE)

2. Request For . . . Information
Request Type: Single Scope Background Investigation (SSBI)

3. Application Status
Select the highest level of classified material to which the subject of the investigation will have access: Top Secret
TS Billet Number: (LEAVE BLANK) (DO NOT ACTUALLY PUT "LEAVE BLANK" HERE)

4. Investigation Status
Reason for Access: Sensitive Compartmented Information (SCI)

Enclosure (5)

5. Citizenship Verification

YES Was the subject's U.S. citizenship verified?

Document: Birth certificate

6. Files Verification

FILE VERIFIED	DATE	FINDING (FAV, NAV, NOR, UNF)
PERSONNEL	2003/03/27	FAV
MEDICAL	2003/03/27	FAV
SECURITY	2003/03/27	FAV
BASE/MILITARY POLICE	2003/03/27	FAV
PRE_SCREENING INTERVIEW	2003/03/27	FAV
NONE	/ /	

7. Prior Investigations

NO Has the subject been investigated prior to this request?

8. Title or Position of Subject

Remarks: NAVY NUCLEAR PROPULSION OFFICER (Intelligence/Cryptological Officer)

9. List of Enclosures

Remarks: NONE

10. Reason for Access to Classified Material

Remarks: NAVY NUCLEAR PROPULSION OFFICER PROGRAM (NUPOC)

11. History of Government/Military Employment

How would you characterize the accuracy of the Government Employment and/or

Military Service History indicated by the subject's form? Correct

12. General Remarks

NO Do you have any remarks relating to this subject's form?

13. Investigation Validity Certification

I certify that the information provided on this form is true to the best of my knowledge and that the above named individual has the need for the indicated clearance to perform assigned duties.

Name of Certifier CERTIFIER

METICULOUS, M

Title of Certifier MILITARY PROCESSING TECHNICIAN

Certifier's Phone 901-874-9280

Certifier's Signature

Date

14. Supervisor's Certification

The immediate supervisor is not required to complete this certification for the individual named within this form.

Immediate Supervisor ****

Supervisor Title

Supervisor's Phone

Signature Date / /

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Joint Clearance Access Verification System (Jcavs)
Access Request Form

PRIVACY ACT STATEMENT

The information you are providing us is for the purpose of granting access to an information system owned by OSD/C3I and administered by the JPAS PMO. Furnishing personal information, including you social security number, is authorized by 5 U.S.C. 552a and is voluntary; however, failure to do so may result in your not receiving access certification. This information shall be retained by the JPAS PMO System Administrators and may be released to other components of agencies for official purposes.

GRADE _____ Last _____ First _____ Middle FULL NAME _____
 SOCIAL SECURITY NUMBER: _____-_____-_____
 Phone No: () _____ Fax No: () _____ Major Command NRD
 Service/Agency: USN
 Organization: N/A
 Office Symbol: _____

E-Mail Address: _____

TYPE OF ACCOUNT REQUESTED

☒ Account Manager
☐ User

(collateral)

TYPE OF ACCESS REQUESTED

☐ Level 2 – MACOM/Activity/HQ/Agency SSO
☐ Level 3 – Base/Post/Ship/etc. SSO
☐ Level 4 – MACOM Non-SCI Scty Mgr (collateral)
☐ Level 5 – Base/Post/Ship/etc. Non-SCI Scty Mgr
☒ Level 6 – Unit Security Manager
☐ Level 7 – Collateral Entry Controller
☐ Level 8 – SCIF Entry Controller

TYPE OF REQUEST

☒ Add individual named above to the JCAVS System
☐ Account Type or Access Level Change
☐ Delete the individual named above as an Account Mgr/User of the JCAVS System
☐ System User Name Change:

From _____
 To _____ Last _____ First _____ Middle NAME _____

_____ Last _____ First _____ Middle NAME _____

I hereby certify I understand that by signing this Access Request Form I am solely responsible for the use and protection of the UserID and password that I will be given. I also understand that I am not authorized to share my UserID and password with any other individual(s) except my Account Manager in the course of gaining access to the Joint Clearance Access Verification (JPAS) System. I further certify that I shall utilize the JPAS system in accordance with the JPAS Account Management Policy and JPAS Security Policy as well as all applicable US laws and DoD regulations.

User Signature and

Date: _____

I certify that the investigation on the above named individual meets the requirements for access and account management privileges to the JPAS information system:

Account Manager's Social Security Number: _____-_____-_____

(Printed Name of Accounting Manager)

Account Manager's Signature

Enclosure (6)